

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:) CASE NO.: 18-05384-DD
Joseph Eric Timothy Reiring aka Joseph) CHAPTER 7
E. Reiring and Jill Ayn Reiring fka Jill A.)
Woodyard-Reiring dba RB Processing,) STATEMENT OF CHANGE
Debtor(s))
)
)

Pursuant to SCLBR 1009-1, the above-named debtor(s), by their undersigned attorney do hereby give notice of the following changes as shown on their amended Petition, Lists, Schedules and/or Statements attached hereto as follows:

AMENDED SCHEDULE F:

Amended to add creditors Oakbrook Pediatrics, ARM Solutions, Anesthesia Services of Charleston, Plantation Billing Center, a new NPAS Solutions account, a new Tru Green account, two (2) new Roper St. Francis accounts, Receivables Management Services, Roper Hospital, a new Roper Radiologists account, and Charleston Pathology.

AMENDED SCHEDULE I:

Amended to reduce income for both debtors. Debtor now receives worker's compensation, and joint debtor has changed jobs.

AMENDED SCHEDULE J:

Amended to reduce cable, clothing, entertainment, and health insurance expenses. Also amended to increase medical and transportation expenses and to include two (2) car payments.

November 8, 2019

/s/Richard A. Steadman, Jr.
Richard A. Steadman, Jr.
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District Court I.D. #4284
Attorney for Debtor(s)

Fill in this information to identify your case:

| | | |
|---|------------------------------------|-------------|
| Debtor 1 | Joseph Eric Timothy Reiring | |
| | First Name | Middle Name |
| Debtor 2 | Jill Ayn Reiring | |
| (Spouse if, filing) | First Name | Middle Name |
| United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA | | |
| Case number (if known) | 18-05384 | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

| | | | | | |
|-----|------|---------------------------------|-------------|-------------|--------|
| 2.1 | IRS* | Last 4 digits of account number | \$32,990.82 | \$32,990.82 | \$0.00 |
|-----|------|---------------------------------|-------------|-------------|--------|

Priority Creditor's Name

Centralized Insolvency

Operations

PO BOX 7346

PHILADELPHIA, PA 19101-7346

Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were intoxicated

Other. Specify

2016 & 2017 income taxes

Who Incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

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|-----|--|--|-------------|------------|------------|
| 2.2 | SC Department of Revenue | Last 4 digits of account number | \$11,742.62 | \$8,964.49 | \$2,778.13 |
| | Priority Creditor's Name P. O. Box 12265 Columbia, SC 29211-2265 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | <input type="checkbox"/> Contingent | | | |
| | <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Unliquidated | | | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Disputed | | | |
| | <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| | <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Domestic support obligations | | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government | | | |
| | Is the claim subject to offset? | <input type="checkbox"/> Claims for death or personal injury while you were intoxicated | | | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Other. Specify _____ | | | |
| | <input type="checkbox"/> Yes | 2016 & 2017 income taxes | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

| | | | | | |
|-----|---|--|----------|--|--|
| 4.1 | Amcol Systems Inc | Last 4 digits of account number | \$132.00 | | |
| | Nonpriority Creditor's Name 111 Lancewood Rd Columbia, SC 29210 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | <input type="checkbox"/> Contingent | | | |
| | <input type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Unliquidated | | | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Disputed | | | |
| | <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | |
| | <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Student loans | | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | Is the claim subject to offset? | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Other. Specify Collections for Doctor's Care | | | |
| | <input type="checkbox"/> Yes | | | | |

Debtor 1 **Joseph Eric Timothy Reiring**
Debtor 2 **Jill Ayn Reiring**Case number (if known) **18-05384**

| | | |
|-----|--|---|
| 4.2 | American General Finance, Inc. Nonpriority Creditor's Name 641 Northland Blvd Cincinnati, OH 45240 | Last 4 digits of account number 1,977.00 |
| | Number Street City State Zip Code | When was the debt incurred? |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal loan |
| | Is the claim subject to offset? | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 4.3 | Anesthesia Services of Charleston Nonpriority Creditor's Name PO Box 2203 Mount Pleasant, SC 29465-2203 | Last 4 digits of account number 7244 \$214.00 |
| | Number Street City State Zip Code | When was the debt incurred? 6/2019 |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical |
| 4.4 | Applied Bank Nonpriority Creditor's Name PO Box 2589 Columbus, OH 43219 | Last 4 digits of account number 4312 \$1,026.00 |
| | Number Street City State Zip Code | When was the debt incurred? |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card |
| | Is the claim subject to offset? | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

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|-----|--|--|----------|
| 4.5 | ARM Solutions Nonpriority Creditor's Name PO Box 3666 Camarillo, CA 93011-3666 Number Street City State Zip Code | Last 4 digits of account number <u>5157</u> | \$180.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? <u>9/2019</u> | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? | As of the date you file, the claim is: Check all that apply | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | Type of NONPRIORITY unsecured claim: | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | <input checked="" type="checkbox"/> Other. Specify <u>Collections for Home Team Pest Defense</u> | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-----|--|---|------------|
| 4.6 | Axcess Financial Nonpriority Creditor's Name 7755 Montgomery Road Suite 400 Cincinnati, OH 45236 Number Street City State Zip Code | Last 4 digits of account number <u>4179</u> | \$2,572.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? <u>Opened 03/18 Last Active 6/08/18</u> | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? | As of the date you file, the claim is: Check all that apply | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | Type of NONPRIORITY unsecured claim: | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | <input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u> | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|-----|--|---|------------|
| 4.7 | Bill & Lisa Parchman Nonpriority Creditor's Name 990 Bamburgh Drive Maineville, OH 45039 Number Street City State Zip Code | Last 4 digits of account number | \$7,000.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? | As of the date you file, the claim is: Check all that apply | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | Type of NONPRIORITY unsecured claim: | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | <input checked="" type="checkbox"/> Other. Specify <u>Personal loan</u> | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

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4.8

Blue Max Trucking, Inc.

Nonpriority Creditor's Name

**1015 E. Westinghouse Blvd
Charlotte, NC 28273**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

\$5,152.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Insurance premium arrearage**

4.9

Cane Bay Chiropractic & Wellness Center

Nonpriority Creditor's Name

**1724 State Road, Ste 1D
Summerville, SC 29486**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **0629**

\$124.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

4.10

Capio Partners

Nonpriority Creditor's Name

**2222 Texoma Pkwy Ste 150
Sherman, TX 75090**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **5153**

\$2,541.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

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4.1 **1**

| | | | |
|--|-----------------------------------|---|------------|
| Capio Partners Llc Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3498 Sherman, TX 75091 | Number Street City State Zip Code | Last 4 digits of account number 2079 | \$1,282.00 |
| When was the debt incurred? Opened 10/17 | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| <input checked="" type="checkbox"/> Other. Specify Collection Attorney Trident Health System | | | |

4.1 **2**

| | | | |
|--|-----------------------------------|---|----------|
| Capio Partners Llc Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3498 Sherman, TX 75091 | Number Street City State Zip Code | Last 4 digits of account number 5153 | \$919.00 |
| When was the debt incurred? Opened 10/17 | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| <input checked="" type="checkbox"/> Other. Specify Collection Attorney Trident Health System | | | |

4.1 **3**

| | | | |
|--|-----------------------------------|---|----------|
| Capio Partners Llc Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3498 Sherman, TX 75091 | Number Street City State Zip Code | Last 4 digits of account number 8522 | \$862.00 |
| When was the debt incurred? Opened 8/19/17 | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| <input checked="" type="checkbox"/> Other. Specify Trident Health System | | | |

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

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| | | |
|----------|---|--|
| 4.1 4 | <p>Capio Partners Llc Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3498 Sherman, TX 75091 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>0638</u> \$532.00</p> <p>When was the debt incurred? <u>Opened 08/17</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Trident Health System</u></p> |
|----------|---|--|

| | | |
|----------|---|--|
| 4.1 5 | <p>Capio Partners Llc Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3498 Sherman, TX 75091 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>0673</u> \$217.00</p> <p>When was the debt incurred? <u>Opened 08/17</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Trident Health System</u></p> |
|----------|---|--|

| | | |
|----------|---|--|
| 4.1 6 | <p>Capital Recovery Systems Inc. Nonpriority Creditor's Name 750 Cross Pointe Rd, Ste. S Columbus, OH 43230-6693 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>043A</u> \$297.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collections for Hamilton County Clerk of Courts</u></p> |
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Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

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4.1
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|--|---|------------|
| Carnes Crossroads Dental Nonpriority Creditor's Name 2900 N. Main Street, Ste G Moncks Corner, SC 29461 Number Street City State Zip Code | Last 4 digits of account number <u>4219</u> | \$1,311.00 |
| Who incurred the debt? Check one. | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

4.1
8

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|--|---|----------|
| Carolina Payday Loans Nonpriority Creditor's Name 320 Trolley Road Suite E Summerville, SC 29485 Number Street City State Zip Code | Last 4 digits of account number | \$575.00 |
| When was the debt incurred? | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal loan</u> | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

4.1
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|--|---|----------|
| Cash Credit Nonpriority Creditor's Name 1672 N. Main Street, Suite 7 Summerville, SC 29483 Number Street City State Zip Code | Last 4 digits of account number <u>3573</u> | \$400.00 |
| When was the debt incurred? | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal loan</u> | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

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4.2 **0**

| | | |
|---|---|--------------------|
| Cashnet USA | Last 4 digits of account number 8223 | \$ 2,126.00 |
| Nonpriority Creditor's Name 175 West Jackson Suite 1000 Chicago, IL 60604 | When was the debt incurred? | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | |
| Is the claim subject to offset? | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal loan | |

4.2 **1**

| | | |
|---|---|--------------------|
| Cashnet USA | Last 4 digits of account number 6249 | \$ 1,178.00 |
| Nonpriority Creditor's Name 200 West Jackson, Ste 1400 Chicago, IL 60606-6988 | When was the debt incurred? | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | |
| Is the claim subject to offset? | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal loan | |

4.2 **2**

| | | |
|---|--|--------------------|
| CBE Group | Last 4 digits of account number | \$ 2,051.00 |
| Nonpriority Creditor's Name PO Box 2337 Waterloo, IA 50704-2337 | When was the debt incurred? | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | |
| Is the claim subject to offset? | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collections for Charter Communications | |

Debtor 1 Joseph Eric Timothy Reiring
Debtor 2 Jill Ayn Reiring

Case number (if known)

18-05384

| | | | |
|---|-------------------------------------|--|----------|
| 4.2 3 | Charleston ENT | Last 4 digits of account number <u>2812</u> | \$58.00 |
| Nonpriority Creditor's Name 2295 Henry Tecklenberg Dr Charleston, SC 29414 | | When was the debt incurred? | |
| Number Street City State Zip Code | | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.2 4 | Charleston ENT | Last 4 digits of account number <u>2812</u> | \$265.00 |
| Nonpriority Creditor's Name 2295 Henry Tecklenberg Dr Charleston, SC 29414 | | When was the debt incurred? <u>7/2019</u> | |
| Number Street City State Zip Code | | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> Other. Specify <u>Medical for minor child</u> | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.2 5 | Charleston Pathology PA PCCL | Last 4 digits of account number <u>1301</u> | \$60.00 |
| Nonpriority Creditor's Name PO Box 30309 Charleston, SC 29417-0309 | | When was the debt incurred? <u>8/2019</u> | |
| Number Street City State Zip Code | | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) **18-05384**

4.2
6

| | |
|--|---|
| Charleston Radiologists Nonpriority Creditor's Name PO Bx 781299 Sebastian, FL 32978-1299 Number Street City State Zip Code | Last 4 digits of account number \$242.00 |
| Who incurred the debt? Check one. | When was the debt incurred? |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | As of the date you file, the claim is: Check all that apply |
| <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical |
| Is the claim subject to offset? | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

4.2
7

| | |
|--|---|
| Check N Go Nonpriority Creditor's Name 100 Commercial Drive Fairfield, OH 45014 Number Street City State Zip Code | Last 4 digits of account number \$11,634.00 |
| Who incurred the debt? Check one. | When was the debt incurred? |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | As of the date you file, the claim is: Check all that apply |
| <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal loan |
| Is the claim subject to offset? | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

4.2
8

| | |
|--|---|
| Check N Go Nonpriority Creditor's Name 100 Commercial Drive Fairfield, OH 45014 Number Street City State Zip Code | Last 4 digits of account number \$3,200.00 |
| Who incurred the debt? Check one. | When was the debt incurred? |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | As of the date you file, the claim is: Check all that apply |
| <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal loan |
| Is the claim subject to offset? | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known)

18-05384

| | | | |
|----------|--|--|-------------------|
| 4.2 9 | Christ Hospital Physicians Nonpriority Creditor's Name PO Box 630887 Cincinnati, OH 45263-0887 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 7007 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical | \$158.00 |
| 4.3 0 | Cincinnati Bell Co Nonpriority Creditor's Name PO Box 748003 Cincinnati, OH 45274-8003 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 4093 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Telecommunications | \$847.00 |
| 4.3 1 | Cincinnati Childrens Hospital Nonpriority Creditor's Name PO Box 5209 Cincinnati, OH 45201-5209 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 8410 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical | \$1,369.00 |

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) **18-05384**

4.3
2

Coastal Bariatric & Surgical Center

Nonpriority Creditor's Name

**PO Box 740776
Cincinnati, OH 45274-0776**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **3364**

\$2,736.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

4.3
3

Coastal Oral & Maxillofacial

Nonpriority Creditor's Name

**4221 University Blvd Suite D1A
Charleston, SC 29406**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **6951**

\$498.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

4.3
4

Coastal Turf Company

Nonpriority Creditor's Name

**PO Box 2205
Summerville, SC 29484**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **7562**

\$115.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Landscaping**

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

Case number (if known)

18-05384

4.3
 5

| | | | |
|--|---|-------------|-----------------|
| Controlled Credit Corporation | Last 4 digits of account number | 6867 | \$459.00 |
| Nonpriority Creditor's Name 3287 Warsaw Ave Cincinnati, OH 45205-1744 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offset? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | <input checked="" type="checkbox"/> Other. Specify Collections for TriHealth/Bethesda Hospital | | |

4.3
 6

| | | | |
|--|---|-------------|-----------------|
| Convergent Outsourcing, Inc. | Last 4 digits of account number | 6616 | \$639.00 |
| Nonpriority Creditor's Name P. O. Box 9004 Renton, WA 98057-9004 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offset? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | <input checked="" type="checkbox"/> Other. Specify Collections for Aaron's Sales and Leasing | | |

4.3
 7

| | | | |
|--|---|-------------|----------------|
| Credit Collection Bureau | Last 4 digits of account number | 3666 | \$75.00 |
| Nonpriority Creditor's Name PO Box 90508 Sioux Falls, SD 57109 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offset? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | <input checked="" type="checkbox"/> Other. Specify Collections for Health First Rapid Care | | |

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) **18-05384**

4.3
8

| | | |
|---|---|---|
| Credit Collection Service Nonpriority Creditor's Name POB 55126 Boston, MA 02205-5126 Number Street City State Zip Code | Last 4 digits of account number 5345 | \$42.00 |
| When was the debt incurred? | | |
| As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collections for Geico Advantage Company |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

4.3
9

| | | |
|---|---|---|
| Credit Collection Service Nonpriority Creditor's Name POB 55126 Boston, MA 02205-5126 Number Street City State Zip Code | Last 4 digits of account number 7728 | \$688.00 |
| When was the debt incurred? | | |
| As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collections for Allstate Ins Co |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

4.4
0

| | | |
|---|---|---|
| Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code | Last 4 digits of account number 9957 | \$237.00 |
| When was the debt incurred? Opened 04/18 Last Active 8/07/18 | | |
| As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1/only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known)

18-05384

| | | |
|------------------|---|--|
| 4.4 1 | <p>Dixie Cleaners Nonpriority Creditor's Name PO Box 267 Holly Hill, SC 29059 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$47.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Cleaning</p> |
| 4.4 2 | <p>Fayette County Clerk of Court Nonpriority Creditor's Name 221 S 7th St Vandalia, IL 62471 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$191.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p> |
| 4.4 3 | <p>Fifth Third Bank Nonpriority Creditor's Name PO Box 21089 Philadelphia, PA 19114 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 7897 \$3,265.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Bank fees</p> |

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

| | |
|--|---|
| 4.4 4 First Premier Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>3103</u> \$472.00 When was the debt incurred? <u>Opened 01/13 Last Active 6/19/13</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> |
| 4.4 5 First Premier Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>3781</u> \$452.00 When was the debt incurred? <u>Opened 01/13 Last Active 4/05/13</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> |
| 4.4 6 Full Circle Management Services Nonpriority Creditor's Name PO Box 2365 Oldsmar, FL 34677-2193 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>6531</u> \$99.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collections for Shark Ninja</u> |

Debtor 1 Joseph Eric Timothy Reiring
Debtor 2 Jill Ayn Reiring

Case number (if known)

18-05384

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| 4.4 | Greater Cincinnati Digestive Nonpriority Creditor's Name 4746 Montgomery Rd #202 Cincinnati, OH 45212 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ \$1,030.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |
| | 922 Hamlin Drive Maineville, OH 45039 Warren County Parcel ID: 1603303004 | |
| 4.4 | Guardian Fin Nonpriority Creditor's Name Attn: Bankruptcy 3806 Fishinger Blvd Hilliard, OH 43026 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 1214 \$14,782.00 When was the debt incurred? Opened 12/14 Last Active 4/24/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Repossessed 2006 BMW 320xi |
| 4.4 | HCFS Health Care Financial Nonpriority Creditor's Name Plantation Billing Center PO Box 459077 Fort Lauderdale, FL 33345-9077 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ \$169.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collections for Summerville Medical Center |

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) **18-05384**

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| HRRG | Last 4 digits of account number | \$228.00 |
| Nonpriority Creditor's Name P. O. Box 5406 Cincinnati, OH 45273-7942 | When was the debt incurred? | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: | |
| Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Collections for ACS Primary Care <input checked="" type="checkbox"/> Other. Specify Physicians | |

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|--|--|-------------|-----------------|
| IC System Inc | Last 4 digits of account number | 0812 | \$356.00 |
| Nonpriority Creditor's Name 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164 | When was the debt incurred? Opened 05/17 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: | | |
| Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Collection Attorney Att Directv <input checked="" type="checkbox"/> Other. Specify Collection Attorney Att Directv | | |

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| Integrated Reg Lab Path Service | Last 4 digits of account number | \$966.00 |
| Nonpriority Creditor's Name PO Box 741087 Atlanta, GA 30394-1087 | When was the debt incurred? | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: | |
| Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Medical <input checked="" type="checkbox"/> Other. Specify Medical | |

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known)

18-05384

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| 4.5 3 | Jody Martin, Inc. Nonpriority Creditor's Name 1250 Neale Lane Loveland, OH 45140 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | \$853.00 |
| 922 Hamlin Drive Maineville, OH 45039 Warren County Parcel ID: 1603303004 | | | |
| 4.5 4 | John Yonas Nonpriority Creditor's Name c/o American Homeland Title Agency 9656 Cincinnati Columbus Rd Cincinnati, OH 45241 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal loan | \$5,000.00 |
| 4.5 5 | LDC Collections Nonpriority Creditor's Name PO Box 30420 Los Angeles, CA 90030-0420 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 3774 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collections for City of Los Angeles | \$378.00 |

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

4.5 **6** **Low Country Pathology** \$31.00
 Nonpriority Creditor's Name
PO Box 49009
Greenwood, SC 29649
 Number Street City State Zip Code
 Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes
 Last 4 digits of account number _____
 When was the debt incurred?
 As of the date you file, the claim is: Check all that apply
 Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

4.5 **7** **Medshore Ambulance Service** \$797.00
 Nonpriority Creditor's Name
PO Box 6
Anderson, SC 29622-0006
 Number Street City State Zip Code
 Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes
 Last 4 digits of account number 1338
 When was the debt incurred?
 As of the date you file, the claim is: Check all that apply
 Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

4.5 **8** **Mercy Health Partners** \$3,258.00
 Nonpriority Creditor's Name
PO Box 630892
Cincinnati, OH 45263-0827
 Number Street City State Zip Code
 Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes
 Last 4 digits of account number 8011
 When was the debt incurred?
 As of the date you file, the claim is: Check all that apply
 Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known)

18-05384

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|---|--|--|-----------------|
| 4.5 9 | Midland Funding Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 4093 When was the debt incurred? Opened 12/13 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | \$847.00 |
|---|--|--|-----------------|

Factoring Company Account Credit One
 Other. Specify **Bank N.A.**

| | | | |
|---|---|--|-----------------|
| 4.6 0 | Mike Ward Landscaping Nonpriority Creditor's Name 10491 S OH-48 Loveland, OH 45140 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | \$793.00 |
|---|---|--|-----------------|

922 Hamlin Drive Maineville, OH 45039
Warren County
 Other. Specify **Parcel ID: 1603303004**

| | | | |
|---|---|--|-------------------|
| 4.6 1 | MUSC Health Nonpriority Creditor's Name PO Box 931736 Atlanta, GA 31193-1736 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 4190 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | \$4,780.00 |
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Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

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2

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| MUSC Physicians Nonpriority Creditor's Name 1 Poston Rd, Ste. 350 Charleston, SC 29407-3431 Number Street City State Zip Code | Last 4 digits of account number <u>8792</u> | \$126.25 |
| When was the debt incurred? | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Medical</u> <input type="checkbox"/> Yes | | |

4.6
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|--|---|----------|
| MUSC Physicians Nonpriority Creditor's Name 1 Poston Rd, Ste. 350 Charleston, SC 29407-3431 Number Street City State Zip Code | Last 4 digits of account number <u>2662</u> | \$161.00 |
| When was the debt incurred? | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Medical</u> <input type="checkbox"/> Yes | | |

4.6
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| | | |
|--|---|------------|
| MUSC Physicians Nonpriority Creditor's Name 1 Poston Rd, Ste. 350 Charleston, SC 29407-3431 Number Street City State Zip Code | Last 4 digits of account number <u>2714</u> | \$1,082.00 |
| When was the debt incurred? | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Medical</u> <input type="checkbox"/> Yes | | |

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

Case number (if known)

18-05384

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|----------|--|--|------------|
| 4.6 5 | National Credit Adjusters Nonpriority Creditor's Name P. O. Box 3023 Attn: Bankruptcy Department Hutchinson, KS 67504-3023 Number Street City State Zip Code | Last 4 digits of account number <u>8190</u> | \$1,217.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Is the claim subject to offset? | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collections for Ace Cash Advance</u> | |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|----------|--|---|----------|
| 4.6 6 | National Credit Adjusters Nonpriority Creditor's Name P. O. Box 3023 Attn: Bankruptcy Department Hutchinson, KS 67504-3023 Number Street City State Zip Code | Last 4 digits of account number <u>3402</u> | \$152.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Is the claim subject to offset? | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collections for American Homeshield</u> | |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

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|----------|--|--|------------|
| 4.6 7 | National Credit Adjusters, LLC Nonpriority Creditor's Name 327 W 4th Ave. Po Box 3023 Hutchinson, KS 67504 Number Street City State Zip Code | Last 4 digits of account number <u>6160</u> | \$1,094.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? | |
| | <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Is the claim subject to offset? | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Factoring Company Account Rise</u> | |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

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8

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|---|---|
| National Service Bureau, Inc. Nonpriority Creditor's Name 18912 North Creek Pkwy, Ste 205 Bothell, WA 98011 Number Street City State Zip Code | Last 4 digits of account number <u>1564</u> \$5,007.00 |
| Who incurred the debt? Check one. | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | |
| As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collections for State Farm Ins Co</u> | |

4:6
9

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|--|---|
| NPAS, Inc. Nonpriority Creditor's Name PO Box 99400 Louisville, KY 40269 Number Street City State Zip Code | Last 4 digits of account number <u>0183</u> \$2,500.00 |
| Who incurred the debt? Check one. | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | |
| Is the claim subject to offset? | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collections for Trident Health Systems</u> | |

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|---|---|
| NPAS, Inc. Nonpriority Creditor's Name PO Box 740771 Cincinnati, OH 45274-0771 Number Street City State Zip Code | Last 4 digits of account number <u>0379</u> \$558.00 |
| Who incurred the debt? Check one. | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | |
| Is the claim subject to offset? | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical for minor child</u> | |

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

Case number (if known)

18-05384

| | | | |
|---|---|--|-----------------|
| 4.7 1 | Oakbrook Pediatrics PA Nonpriority Creditor's Name 202 Benton's Lodge Road Summerville, SC 29485 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 4168 When was the debt incurred? 10/2019 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical for minor son | \$126.00 |
|---|---|--|-----------------|

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| 4.7 2 | Online Collections Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1489 Winterville, NC 28590 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 2655 When was the debt incurred? Opened 02/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Duke Energy Mw | \$929.00 |
|---|--|--|-----------------|

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|---|--|---|-----------------|
| 4.7 3 | Online Information Services Nonpriority Creditor's Name PO Box 1489 Winterville, NC 28590 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 2655 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collections for Duke Energy | \$929.00 |
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Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) **18-05384**

4.7
4

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|--|---|----------|
| Plantation Billing Center Nonpriority Creditor's Name ACS Primary Care Phys, SE, PC PO Box 740022 Cincinnati, OH 45274-0022 Number Street City State Zip Code | Last 4 digits of account number 9003 | \$124.00 |
| Who incurred the debt? Check one. | When was the debt incurred? 6/2019 | |
| As of the date you file, the claim is: Check all that apply | | |
| <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical for minor child | | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

4.7
5

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|--|---|------------|
| Plaza Services, Llc Nonpriority Creditor's Name Attn: Bankruptcy 110 Hammond Dr. Ste 110 Atlanta, GA 30328 Number Street City State Zip Code | Last 4 digits of account number 7750 | \$1,479.00 |
| Who incurred the debt? Check one. | When was the debt incurred? Opened 1/31/17 | |
| As of the date you file, the claim is: Check all that apply | | |
| <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 12 Checksmart | | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

4.7
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|--|---|----------|
| Plaza Services, Llc Nonpriority Creditor's Name Attn: Bankruptcy 110 Hammond Dr. Ste 110 Atlanta, GA 30328 Number Street City State Zip Code | Last 4 digits of account number 1399 | \$372.00 |
| Who incurred the debt? Check one. | When was the debt incurred? Opened 6/16/16 | |
| As of the date you file, the claim is: Check all that apply | | |
| <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 12 Cashland | | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

Case number (if known)

18-05384

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|----------|--|--|-----------------|
| 4.7 7 | Premier Bank Card Nonpriority Creditor's Name <u>16 McLeland Lane</u> <u>Saint Cloud, MN 56303</u> Number Street City State Zip Code | Last 4 digits of account number <u>3604</u> When was the debt incurred? As of the date you file, the claim is: Check all that apply | <u>\$924.00</u> |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card</u> | |
| 4.7 8 | Prime Care Medical Center of Cumming GA Nonpriority Creditor's Name <u>2021 Marketplace Blvd</u> <u>Cumming, GA 30041</u> Number Street City State Zip Code | Last 4 digits of account number <u>5196</u> When was the debt incurred? As of the date you file, the claim is: Check all that apply | <u>\$176.00</u> |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | |
| 4.7 9 | Pro Scan Imaging Nonpriority Creditor's Name <u>PO Box 233238</u> <u>Cincinnati, OH 45263-3238</u> Number Street City State Zip Code | Last 4 digits of account number <u>0100</u> When was the debt incurred? As of the date you file, the claim is: Check all that apply | <u>\$362.00</u> |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | |

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known)

18-05384

4.8
0

Professional Radiology Inc

Nonpriority Creditor's Name

**3287 Warsaw Ave
Cincinnati, OH 45205-1744**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **9889**

\$16.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

4.8
1

Progressive Management Systems

Nonpriority Creditor's Name

**Attn: Bankruptcy Department
1521 W Cameron Ave., First Floor
West Covina, CA 91790**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **6825**

\$162.00

When was the debt incurred? **Opened 11/17**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Collection Attorney Tricom Diagnostic
 Other. Specify **Imaging**

4.8
2

Receivables Management Services LLC

Nonpriority Creditor's Name

**Republic Services #692
PO Box 9001099
Louisville, KY 40290-1099**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **7946**

\$31.00

When was the debt incurred? **10/2019**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Collections
 Other. Specify **Collections**

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) **18-05384**

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|----------|--|---|---------|
| 4.8 3 | RMS Inc Nonpriority Creditor's Name PO Box 498 Richfield, OH 44286 Number Street City State Zip Code | Last 4 digits of account number 9627 When was the debt incurred? As of the date you file, the claim is: Check all that apply | \$78.00 |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collections for Republic Services | |

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|----------|--|---|------------|
| 4.8 4 | Roper Hospital Nonpriority Creditor's Name PO Box 650292 Dallas, TX 75265 Number Street City State Zip Code | Last 4 digits of account number 4136 When was the debt incurred? 7/2019 As of the date you file, the claim is: Check all that apply | \$2,541.00 |
| | Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical | |

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|----------|--|---|----------|
| 4.8 5 | Roper Radiologist PA Nonpriority Creditor's Name 3 Southpark Circle Suite 240 Charleston, SC 29407 Number Street City State Zip Code | Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply | \$309.00 |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical | |

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

**4.8
6**

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|--|---|---------|
| Roper Radiologists Nonpriority Creditor's Name PO Box 2363 Indianapolis, IN 46206 Number Street City State Zip Code | Last 4 digits of account number <u>RPR1</u> | \$90.00 |
| Who incurred the debt? Check one. | When was the debt incurred? <u>9/2019</u> | |
| As of the date you file, the claim is: Check all that apply | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

**4.8
7**

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|--|---|---------|
| Roper St. Francis Nonpriority Creditor's Name PO Box 650292 Dallas, TX 75265 Number Street City State Zip Code | Last 4 digits of account number <u>2583</u> | \$50.00 |
| Who incurred the debt? Check one. | When was the debt incurred? | |
| As of the date you file, the claim is: Check all that apply | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical for minor child</u> | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

**4.8
8**

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|--|---|----------|
| Roper St. Francis Nonpriority Creditor's Name PO Box 650292 Dallas, TX 75265 Number Street City State Zip Code | Last 4 digits of account number <u>2483</u> | \$355.00 |
| Who incurred the debt? Check one. | When was the debt incurred? <u>8/2019</u> | |
| As of the date you file, the claim is: Check all that apply | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known)

18-05384

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| <div style="border: 1px solid black; padding: 2px;">4.8 9</div> <p>Roper St. Francis Hospital Nonpriority Creditor's Name PO Box 650292 Dallas, TX 75265-0292 Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number \$4,092.26</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p> |
| <hr/> <div style="border: 1px solid black; padding: 2px;">4.9 0</div> <p>SC Sports Medicine & Ortho Center Nonpriority Creditor's Name 9100 Medcom St. Charleston, SC 29406 Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | |
| <p>Last 4 digits of account number 1516 \$823.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p> | |
| <hr/> <div style="border: 1px solid black; padding: 2px;">4.9 1</div> <p>Security Check Nonpriority Creditor's Name Attn: Bankruptcy Dept 2612 Jackson Ave W Oxford, MS 38655 Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | |
| <p>Last 4 digits of account number 3636 \$2,202.00</p> <p>When was the debt incurred? Opened 05/16 Last Active 8/31/15</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Attorney Tempoe Llc</p> | |

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) **18-05384**

4.9
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| Senex Services Corp Nonpriority Creditor's Name Attn: Bankruptcy 333 Founders Rd Nd Floor Indianapolis, IN 46268 Number Street City State Zip Code | Last 4 digits of account number 2916 | \$926.00 |
| Who incurred the debt? Check one. | When was the debt incurred? Opened 5/29/14 | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| Type of NONPRIORITY unsecured claim: | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input checked="" type="checkbox"/> Other. Specify Collection Attorney Bethesda Hospital | | |

4.9
3

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|--|--|----------|
| Senex Services Corp Nonpriority Creditor's Name Attn: Bankruptcy 333 Founders Rd Nd Floor Indianapolis, IN 46268 Number Street City State Zip Code | Last 4 digits of account number 3276 | \$868.00 |
| Who incurred the debt? Check one. | When was the debt incurred? Opened 05/14 | |
| As of the date you file, the claim is: Check all that apply | | |
| <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| Type of NONPRIORITY unsecured claim: | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input checked="" type="checkbox"/> Other. Specify Collection Attorney Bethesda Hospital | | |

4.9
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|--|--|----------|
| Senex Services Corp Nonpriority Creditor's Name Attn: Bankruptcy 333 Founders Rd Nd Floor Indianapolis, IN 46268 Number Street City State Zip Code | Last 4 digits of account number 35N1 | \$434.00 |
| Who incurred the debt? Check one. | When was the debt incurred? Opened 06/13 | |
| As of the date you file, the claim is: Check all that apply | | |
| <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| Type of NONPRIORITY unsecured claim: | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input checked="" type="checkbox"/> Other. Specify Collection Attorney Bethesda Hospital | | |

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

4.9
5

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|--|---|----------|
| Senex Services Corp Nonpriority Creditor's Name Attn: Bankruptcy 333 Founders Rd Nd Floor Indianapolis, IN 46268 | Last 4 digits of account number <u>0139</u> | \$409.00 |
| Number Street City State Zip Code | When was the debt incurred? <u>Opened 5/29/14</u> | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Bethesda Hospital</u> | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

4.9
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|--|---|---------|
| Synter Resource Group Nonpriority Creditor's Name PO Box 63247 North Charleston, SC 29419-3247 | Last 4 digits of account number <u>1004</u> | \$73.00 |
| Number Street City State Zip Code | When was the debt incurred? | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collections for UPS</u> | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

4.9
7

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|--|--|------------|
| Thomas R. Koustmer Nonpriority Creditor's Name 125 E Court St #1000 Cincinnati, OH 45202 | Last 4 digits of account number | \$1,000.00 |
| Number Street City State Zip Code | When was the debt incurred? | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>922 Hamlin Drive Maineville, OH 45039</u> <u>Warren County</u> <input checked="" type="checkbox"/> Other. Specify <u>Parcel ID: 1603303004</u> | |

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

| | | | |
|-----------|--|---|--------------------|
| 4.9 8 | Trident Medical Center Nonpriority Creditor's Name P O Box 740766 Cincinnati, OH 45274-0766 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | \$36,974.00 |
| 4.9 9 | TriHealth/Bethesda Hospital Nonpriority Creditor's Name PO Box 630823 Cincinnati, OH 45263-0823 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>3889</u> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | \$4,423.00 |
| 4.1 00 | TriHealth/Bethesda Hospital Nonpriority Creditor's Name PO Box 630823 Cincinnati, OH 45263-0823 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>6431</u> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u> | \$868.00 |

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known)

18-05384

| | | | |
|-------------------|--|---|-----------------|
| 4.1 01 | TriHealth/Bethesda Hospital Nonpriority Creditor's Name PO Box 630823 Cincinnati, OH 45263-0823 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 9276 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical | \$868.00 |
|-------------------|--|---|-----------------|

| | | | |
|-------------------|--|--|-------------------|
| 4.1 02 | TriHealth/Bethesda Hospital Nonpriority Creditor's Name PO Box 630823 Cincinnati, OH 45263-0823 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | \$1,514.84 |
|-------------------|--|--|-------------------|

922 Hamlin Drive Maineville, OH 45039
Warren County
Parcel ID: 1603303004

| | | | |
|-------------------|--|---|-----------------|
| 4.1 03 | Tru Green Nonpriority Creditor's Name 4041 Thunderbird Lane Fairfield, OH 45014 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 4580 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Fertilizing company | \$179.00 |
|-------------------|--|---|-----------------|

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

4.1
04

Tru Green

Nonpriority Creditor's Name

**PO Box 9001128
 Louisville, KY 40290-1128**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 5033

\$91.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Fertilizing company

4.1
05

U.S. Department of Education

Nonpriority Creditor's Name

Ecmc/Bankruptcy

Po Box 16408

Saint Paul, MN 55116

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 8303

\$30,183.00

When was the debt incurred?

Opened 03/01 Last Active

7/30/18

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

Educational

4.1
06

U.S. Department of Education

Nonpriority Creditor's Name

Ecmc/Bankruptcy

Po Box 16408

Saint Paul, MN 55116

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 8310

\$23,089.00

When was the debt incurred?

Opened 03/01 Last Active

7/30/18

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

Educational

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known)

18-05384

| | | | |
|-----------|--|---|-----------------|
| 4.1 07 | UC Health Nonpriority Creditor's Name PO Box 630911 Cincinnati, OH 45263-0911 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 4177 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical | \$179.00 |
|-----------|--|---|-----------------|

| | | | |
|-----------|--|---|-----------------|
| 4.1 08 | UC Health Nonpriority Creditor's Name PO Box 630911 Cincinnati, OH 45263-0911 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 7667 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical | \$622.00 |
|-----------|--|---|-----------------|

| | | | |
|-----------|---|---|----------------|
| 4.1 09 | UC Health - Dept of Ortho & Sports Med Nonpriority Creditor's Name 222 Piedmont Ave, Ste 2200 Cincinnati, OH 45219 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 4432 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical | \$29.00 |
|-----------|---|---|----------------|

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

| | | | |
|-----|--|--|----------------------|
| 4.1 | University of Cincinnati Physicians LLC | Last 4 digits of account number | <u>\$0.00</u> |
| 10 | Nonpriority Creditor's Name PO Box 630861 Cincinnati, OH 45263-0861 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | |
| | Is the claim subject to offset? | <input type="checkbox"/> Other. Specify _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| 4.1 | University Pediatrics | Last 4 digits of account number | <u>0871</u> \$121.00 |
| 11 | Nonpriority Creditor's Name PO Box 277775 Atlanta, GA 30384-7775 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | |
| | Is the claim subject to offset? | <input type="checkbox"/> Other. Specify <u>Medical</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| 4.1 | University Pointe Surgical Hospital | Last 4 digits of account number | <u>4432</u> \$78.00 |
| 12 | Nonpriority Creditor's Name PO Box 6048 Cincinnati, OH 45270-6048 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | |
| | Is the claim subject to offset? | <input type="checkbox"/> Other. Specify <u>Medical</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) **18-05384**

**4.1
13**

| | | |
|--|--|------------|
| US Bank Corporation Nonpriority Creditor's Name PO Box 5227 Cincinnati, OH 45202 Number Street City State Zip Code | Last 4 digits of account number 3030 | \$1,672.00 |
| Who incurred the debt? Check one. | When was the debt incurred? | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Bank fees | |

**4.1
14**

| | | |
|--|--|---------|
| Wakefield & Associates Nonpriority Creditor's Name PO Box 59003 Knoxville, TN 37950 Number Street City State Zip Code | Last 4 digits of account number 7797 | \$58.00 |
| Who incurred the debt? Check one. | When was the debt incurred? | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Collections for Summerville ER Dept | |

**4.1
15**

| | | |
|--|--|----------|
| West Chester Hospital Nonpriority Creditor's Name PO Box 12150 Charlotte, NC 28220 Number Street City State Zip Code | Last 4 digits of account number 8110 | \$140.00 |
| Who incurred the debt? Check one. | When was the debt incurred? | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Medical | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) **18-05384**

Name and Address
ACS Primary Care Phys SE, PC
PO Box 740022
Cincinnati, OH 45274

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.50** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Allstate Property & Casualty Co
PO Box 663100
Dallas, TX 75266-3100

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.39** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Capio Partners
2222 Texoma Pkwy, Ste 150
Sherman, TX 75090

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.98** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Capital Management Services, LP
698 1/2 South Ogden Street
Buffalo, NY 14206-2317

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.113** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
CBCS
PO Box 2589
Columbus, OH 43216-2589

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.4** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
CBE Group
PO Box 2337
Waterloo, IA 50704-2337

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.58** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Choice Recovery
1550 Old Henderson Rd, Ste S100
Columbus, OH 43220

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.10** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Controlled Credit Corporation
3287 Warsaw Ave
Cincinnati, OH 45205-1744

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.80** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Controlled Credit Corporation
3287 Warsaw Ave
Cincinnati, OH 45205-1744

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.101** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Controlled Credit Corporation
3287 Warsaw Ave
Cincinnati, OH 45205-1744

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.31** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Convergent Outsourcing, Inc.
P. O. Box 9004
Renton, WA 98057-9004

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.43** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Credit Collections Partners
905 W. Spresser Street

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.42** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known)

18-05384

Taylorville, IL 62568-1831

Last 4 digits of account number

Name and Address
Denovus Corporation LTD.
POB 793
Washington, PA 15301

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Dynamic Recovery Solutions
PO Box 25759
Greenville, SC 29616-0759

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Jefferson Capital Systems, Inc.
16 McLeland Rd
Saint Cloud, MN 56303

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Jefferson Capital Systems, Inc.
16 McLeland Rd
Saint Cloud, MN 56303

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.77** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Medicredit Inc.
P.O. Box 1629
Maryland Heights, MO 63043-0629

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.98** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Monarch Recovery Services
PO Box 21089
Philadelphia, PA 19114-0589

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
MRS BPO, LLC
1930 Olney Avenue
Cherry Hill, NJ 08003

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.91** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Newby, Sartip, Masel & Casper, LLC
P. O. Box 808
Myrtle Beach, SC 29578-0808

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.98** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
PMAB Inc.
PO Box 12150
Charlotte, NC 28220-2150

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.115** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Real Time Solutions
Dept. 107565
PO Box 1259
Oaks, PA 19456

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Tate & Kirlin Associates, Inc
580 Middletown Blvd, Ste 240
Langhorne, PA 19047

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) **18-05384**

Name and Address
Transworld Systems Inc
PO Box 17221
Wilmington, DE 19850

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.90** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Tricom Diagnostics Imaging
2851 Tricom Blvd.
Charleston, SC 29406

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.81** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Trident Anesthesia Group LLC
9263 Medical Plaza Dr., Ste. E
Charleston, SC 29406

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Attorney for SC
Wells Fargo Building
1441 Main Street, Suite 500
Columbia, SC 29201-2897

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.105** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.105** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.105** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations **6a. \$ 0.00**

6b. Taxes and certain other debts you owe the government **6b. \$ 44,733.44**

6c. Claims for death or personal injury while you were intoxicated **6c. \$ 0.00**

6d. Other. Add all other priority unsecured claims. Write that amount here. **6d. \$ 0.00**

6e. Total Priority. Add lines 6a through 6d. **6e. \$ 44,733.44**

Total claims from Part 2

6f. Student loans **6f. \$ 53,272.00**

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims **6g. \$ 0.00**

6h. Debts to pension or profit-sharing plans, and other similar debts **6h. \$ 0.00**

6i. Other. Add all other nonpriority unsecured claims. Write that amount here. **6i. \$ 174,378.35**

6j. Total Nonpriority. Add lines 6f through 6i. **6j. \$ 227,650.35**

Fill in this information to identify your case:

| | |
|---|------------------------------------|
| Debtor 1 | <u>Joseph Eric Timothy Reiring</u> |
| Debtor 2 (Spouse, if filing) | <u>Jill Ayn Reiring</u> |
| United States Bankruptcy Court for the: | <u>DISTRICT OF SOUTH CAROLINA</u> |
| Case number (if known) | <u>18-05384</u> |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Employment status

Employed

Employed

Not employed

Not employed

Include part-time, seasonal, or self-employed work.

Occupation

Workers Comp

Loan processor

Occupation may include student or homemaker, if it applies.

Employer's name

Caliber Home Loans

Employer's address

121 Calhoun St, Ste 100
Charleston, SC 29401

How long employed there?

4 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

| | | |
|----|--------------------|--------------------|
| 2. | \$ <u>2,324.31</u> | \$ <u>5,000.00</u> |
| 3. | +\$ <u>0.00</u> | +\$ <u>500.00</u> |
| 4. | \$ <u>2,324.31</u> | \$ <u>5,500.00</u> |

Debtor 1 Joseph Eric Timothy Reiring
 Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

Copy line 4 here

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|----|--------------|-----------------------------------|
| 4. | \$ 2,324.31 | \$ 5,500.00 |

5. List all payroll deductions:

- 5a. Tax, Medicare, and Social Security deductions
- 5b. Mandatory contributions for retirement plans
- 5c. Voluntary contributions for retirement plans
- 5d. Required repayments of retirement fund loans
- 5e. Insurance
- 5f. Domestic support obligations
- 5g. Union dues
- 5h. Other deductions. Specify: _____

| | | |
|------|---------|-------------|
| 5a. | \$ 0.00 | \$ 1,250.00 |
| 5b. | \$ 0.00 | \$ 0.00 |
| 5c. | \$ 0.00 | \$ 0.00 |
| 5d. | \$ 0.00 | \$ 0.00 |
| 5e. | \$ 0.00 | \$ 0.00 |
| 5f. | \$ 0.00 | \$ 0.00 |
| 5g. | \$ 0.00 | \$ 0.00 |
| 5h.+ | \$ 0.00 | + \$ 0.00 |

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

| | | |
|----|-------------|-------------|
| 6. | \$ 0.00 | \$ 1,250.00 |
| 7. | \$ 2,324.31 | \$ 4,250.00 |

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

8. List all other income regularly received:

- 8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

| | | |
|-----|---------|---------|
| 8a. | \$ 0.00 | \$ 0.00 |
| 8b. | \$ 0.00 | \$ 0.00 |

- 8b. Interest and dividends

| | | |
|-----|---------|---------|
| 8b. | \$ 0.00 | \$ 0.00 |
| 8c. | \$ 0.00 | \$ 0.00 |

- 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

| | | |
|-----|---------|---------|
| 8c. | \$ 0.00 | \$ 0.00 |
| 8d. | \$ 0.00 | \$ 0.00 |

- 8d. Unemployment compensation

| | | |
|-----|---------|---------|
| 8d. | \$ 0.00 | \$ 0.00 |
| 8e. | \$ 0.00 | \$ 0.00 |

- 8e. Social Security

| | | |
|-----|---------|---------|
| 8e. | \$ 0.00 | \$ 0.00 |
| 8f. | \$ 0.00 | \$ 0.00 |

- 8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

| | | |
|-----|---------|---------|
| 8f. | \$ 0.00 | \$ 0.00 |
| 8g. | \$ 0.00 | \$ 0.00 |

- 8g. Pension or retirement income

| | | |
|-----|---------|-----------|
| 8g. | \$ 0.00 | \$ 0.00 |
| 8h. | \$ 0.00 | + \$ 0.00 |

- 8h. Other monthly income. Specify: _____

| | | |
|-----|---------|-----------|
| 8h. | \$ 0.00 | + \$ 0.00 |
| 9. | \$ 0.00 | \$ 0.00 |

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

| | | |
|-----|-------------|-----------------------------|
| 9. | \$ 0.00 | \$ 0.00 |
| 10. | \$ 2,324.31 | + \$ 4,250.00 = \$ 6,574.31 |

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

| | | | |
|-----|-------------|---------------|---------------|
| 10. | \$ 2,324.31 | + \$ 4,250.00 | = \$ 6,574.31 |
| 11. | +\$ 0.00 | \$ 0.00 | |

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ 6,574.31

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: **Debtor's income is Workers Compensation paid \$536.38 weekly. Joint debtor's income is less than Means Test because her work as a mortgage broker is seasonal, with certain times of the year being busier than others. Debtor is selling or surrendering rental property in Ohio and therefore will no longer be receiving rental income.**

Fill in this information to identify your case:

| | |
|---|------------------------------------|
| Debtor 1 | <u>Joseph Eric Timothy Reiring</u> |
| Debtor 2 (Spouse, if filing) | <u>Jill Ayn Reiring</u> |
| United States Bankruptcy Court for the: | <u>DISTRICT OF SOUTH CAROLINA</u> |
| Case number (If known) | <u>18-05384</u> |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1 Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Daughter

12

No

Yes

Son

18

No

Yes

No

Yes

No

Yes

3. Do your expenses include
expenses of people other than
yourself and your dependents?

- No
 Yes

Part 2 Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)



4. The rental or home ownership expenses for your residence. Include first mortgage
payments and any rent for the ground or lot.

4. \$ 2,450.00

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ 0.00
4b. \$ 45.00
4c. \$ 0.00
4d. \$ 42.00
5. \$ 0.00

Debtor 1 **Joseph Eric Timothy Reiring**
 Debtor 2 **Jill Ayn Reiring**

Case number (if known) **18-05384**

| | | |
|--|--|----------------------|
| 6. Utilities: | 6a. Electricity, heat, natural gas | 6a. \$ 385.00 |
| | 6b. Water, sewer, garbage collection | 6b. \$ 75.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ 450.00 |
| | 6d. Other. Specify: Home security | 6d. \$ 60.00 |
| 7. Food and housekeeping supplies | 7. \$ 800.00 | |
| 8. Childcare and children's education costs | 8. \$ 0.00 | |
| 9. Clothing, laundry, and dry cleaning | 9. \$ 75.00 | |
| 10. Personal care products and services | 10. \$ 75.00 | |
| 11. Medical and dental expenses | 11. \$ 300.00 | |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ 500.00 | |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ 100.00 | |
| 14. Charitable contributions and religious donations | 14. \$ 0.00 | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ 60.00 | |
| 15b. Health insurance | 15b. \$ 0.00 | |
| 15c. Vehicle insurance | 15c. \$ 227.71 | |
| 15d. Other insurance. Specify: | 15d. \$ 0.00 | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Vehicle taxes | 16. \$ 50.00 | |
| Specify: IRS taxes | \$ 100.00 | |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ 300.00 | |
| 17b. Car payments for Vehicle 2 | 17b. \$ 450.00 | |
| 17c. Other. Specify: Student loans (standard) | 17c. \$ 200.00 | |
| 17d. Other. Specify: | 17d. \$ 0.00 | |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ 0.00 | |
| 19. Other payments you make to support others who do not live with you. Specify: | \$ 0.00 | |
| 19. | | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ 0.00 | |
| 20b. Real estate taxes | 20b. \$ 0.00 | |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ 0.00 | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ 0.00 | |
| 20e. Homeowner's association or condominium dues | 20e. \$ 0.00 | |
| 21. Other: Specify: Pet care | 21. +\$ 150.00 | |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ 6,894.71 | |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ 6,894.71 | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ 6,894.71 | |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. | 23a. \$ 6,574.31 | |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ 6,894.71 | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ -320.40 | |

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: _____

Fill in this information to identify your case:

| | | | |
|---|------------------------------------|-------------|-----------|
| Debtor 1 | Joseph Eric Timothy Reiring | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Jill Ayn Reiring | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF SOUTH CAROLINA | | |
| Case number (if known) | 18-05384 | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Joseph Eric Timothy Reiring

Joseph Eric Timothy Reiring
Signature of Debtor 1

Date November 8, 2019

X /s/ Jill Ayn Reiring

Jill Ayn Reiring
Signature of Debtor 2

Date November 8, 2019

Fill in this information to identify your case:

| | | | |
|---|------------------------------------|-------------|-----------|
| Debtor 1 | Joseph Eric Timothy Reiring | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Jill Ayn Reiring | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF SOUTH CAROLINA | | |
| Case number (if known) | 18-05384 | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| | | | |
|------------------|--------------------------|--------------------|----------------------|
| Creditor's name: | Description of property: | Value of property: | Secured by property: |
|------------------|--------------------------|--------------------|----------------------|

Creditor's name: **Badcock Furniture**

name:

Description of property: **Sectional sofa & rug**

securing debt:

- Surrender the property. No
- Retain the property and redeem it. Yes
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

Creditor's name: **Conn's HomePlus**

name:

Description of property: **65" Samsun 4D Curve**

securing debt:

- Surrender the property. No
- Retain the property and redeem it. Yes
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

Creditor's name: **Kimrell's of SC Inc.**

name:

Description of property: **Bedroom suite**

securing debt:

- Surrender the property. No
- Retain the property and redeem it. Yes
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

Debtor 1 **Joseph Eric Timothy Reiring**
Debtor 2 **Jill Ayn Reiring**

Case number (if known) **18-05384**

securing debt:

Creditor's name: **Lincoln Automotive Financial Service**

Surrender the property. No
 Retain the property and redeem it.

Description of property **2012 Ford F150 163200 miles**
VIN: 1FTFW1EF6CFC53045

Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]:

securing debt:

Creditor's name: **Ocwen Loan Servicing, Llc**

Surrender the property. No
 Retain the property and redeem it.

Description of property **922 Hamlin Drive Maineville, OH**
45039 Warren County
securing debt: **Parcel ID: 1603303004**

Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]:

Creditor's name: **Ocwen Loan Servicing, LLC**

Surrender the property. No
 Retain the property and redeem it.

Description of property **922 Hamlin Drive Maineville, OH**
45039 Warren County
securing debt: **Parcel ID: 1603303004**

Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]:

Creditor's name: **Regional Acceptance Corp**

Surrender the property. No
 Retain the property and redeem it.

Description of property **2011 Chevrolet Camaro 95000 miles**
VIN: 2G1FB1ED4B9204310

Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]:

Creditor's name: **World Acceptance/Finance Corp**

Surrender the property. No
 Retain the property and redeem it.

Description of property **2 cell phones, 5 TVs, 2 tablets, laptop computer**
securing debt:

Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]:

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Lessor's name:
Description of leased Property:

No
 Yes

Lessor's name:

Debtor 1 **Joseph Eric Timothy Reiring**
Debtor 2 **Jill Ayn Reiring**

Case number (if known) **18-05384**

Description of leased
Property:

No

Yes

Lessor's name:

Description of leased
Property:

No

Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Joseph Eric Timothy Reiring

Joseph Eric Timothy Reiring

Signature of Debtor 1

X /s/ Jill Ayn Reiring

Jill Ayn Reiring

Signature of Debtor 2

Date **November 8, 2019**

Date **November 8, 2019**

| | |
|---|------------------------------------|
| Fill in this information to identify your case: | |
| Debtor 1 | Joseph Eric Timothy Reiring |
| Debtor 2 (Spouse, if filing) | Jill Ayn Reiring |
| United States Bankruptcy Court for the: District of South Carolina | |
| Case number (if known) | 18-05384 |

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case, or from January 1 through September 30 if you are filing on September 30. The 6-month period would be March 1 through August 31. (The amount may be different if you are filing under Chapter 13.) For example, if you list income derived during the 6 months before you file for bankruptcy as \$15,000 and the total income for all 6 months is \$75,000, enter \$12,500 as the average monthly income. If you list income received during a shorter period, enter the average monthly income over that period. For example, if you list income received for the last month as \$1,500, enter \$1,500 as the average monthly income. If you are not sure whether a source is listed, see the instructions at the top of page 2.

| Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|----------------------|--|
|----------------------|--|

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

\$ 0.00 \$ 0.00

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

\$ 0.00 \$ 0.00

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

\$ 0.00 \$ 0.00

5. Net income from operating a business, profession, or farm

Debtor 1 **Debtor 2**

| | | | |
|---|--------------------|---------------------|--|
| Gross receipts (before all deductions) | \$ <u>1,300.00</u> | \$ <u>10,201.83</u> | |
| Ordinary and necessary operating expenses | \$ <u>1,073.95</u> | \$ <u>715.00</u> | |
| Net monthly income from a business, profession, or farm | \$ <u>226.05</u> | \$ <u>9,486.83</u> | |

Copy here -> \$ 226.05 \$ 9,486.83

6. Net income from rental and other real property

Debtor 1

| | | |
|---|----------------|--|
| Gross receipts (before all deductions) | \$ <u>0.00</u> | |
| Ordinary and necessary operating expenses | \$ <u>0.00</u> | |
| Net monthly income from rental or other real property | \$ <u>0.00</u> | |

Copy here -> \$ 0.00 \$ 0.00

7. Interest, dividends, and royalties

\$ 0.00 \$ 0.00

Debtor 1
Debtor 2
Joseph Eric Timothy Reiring
Jill Ayn Reiring

Case number (if known)

18-05384

**Column A
Debtor 1**
\$ 0.00

**Column B
Debtor 2 or
non-filing spouse**
\$ 0.00

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ 0.00
For your spouse \$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00 \$ 0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ 0.00 \$ 0.00
\$ 0.00 \$ 0.00
+ \$ 0.00 \$ 0.00

Total amounts from separate pages, if any.

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

| | | |
|------------------|----------------------|----------------------|
| \$ <u>226.05</u> | + \$ <u>9,486.83</u> | = \$ <u>9,712.88</u> |
|------------------|----------------------|----------------------|

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 Copy line 11 here=>

\$ 9,712.88

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

12b. \$ 116,554.56

x 12

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

SC

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household.

13. \$ 77,564.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*

Go to Part 3.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*

Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Joseph Eric Timothy Reiring

Joseph Eric Timothy Reiring
Signature of Debtor 1

X /s/ Jill Ayn Reiring

Jill Ayn Reiring
Signature of Debtor 2

Date November 8, 2019

Date November 8, 2019

MM / DD / YYYY

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

| | |
|---|--|
| Debtor 1 | <u>Joseph Eric Timothy Reiring</u> |
| Debtor 2 | <u>Jill Ayn Reiring</u> (Spouse, if filing) |
| United States Bankruptcy Court for the: | <u>District of South Carolina</u> |
| Case number | <u>18-05384</u> (if known) |

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

1. There is no presumption of abuse.

2. There is a presumption of abuse.

Check if this is an amended filing

Official Form 122A - 2

Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income. Copy line 11 from Official Form 122A-1 here=>..... \$ 9,712.88

2. Did you fill out Column B in Part 1 of Form 122A-1?

No. Fill in \$0 for the total on line 3.

Yes. Is your spouse Filing with you?

No. Go to line 3.

Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

No. Fill in 0 for the total on line 3.

Yes. Fill in the information below:

Does your spouse's income or which part of it, not used for the household expenses of you or your dependents, exceed the amount listed below? If so, enter the amount in line 3.

Fill in the amount the job
not used for the
household expenses of
you or your dependents

\$ _____

\$ _____

\$ _____

Total. \$ 0.00

Copy total here=>... - \$ 0.00

\$ 9,712.88

4. Adjust your current monthly income. Subtract line 3 from line 1.

Debtor 1 Joseph Eric Timothy Reiring
Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 1,694.00
7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ 52.00

7b. Number of people who are under 65 X 4

7c. Subtotal. Multiply line 7a by line 7b. \$ 208.00 Copy here=> \$ 208.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ 114.00

7e. Number of people who are 65 or older X 0

7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> +\$ 0.00

7g. Total. Add line 7c and line 7f \$ 208.00

Copy total here=> \$ 208.00

Debtor 1 Joseph Eric Timothy Reiring
Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-9.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities - Insurance and operating expenses**
- Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form.
This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 652.00

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,169.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| Name of the creditor | Average monthly payment |
|----------------------|-------------------------|
| -NONE- | \$ |

| | | | | |
|-------------------------------|---------|-------------|---------|---------------------------------|
| Total average monthly payment | \$ 0.00 | Copy here=> | \$ 0.00 | Repeat this amount on line 33a. |
|-------------------------------|---------|-------------|---------|---------------------------------|

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

| | | |
|-------------|-------------|-------------|
| \$ 1,169.00 | Copy here=> | \$ 1,169.00 |
|-------------|-------------|-------------|

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: _____

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- 0. Go to line 14.
- 1. Go to line 12.
- 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ 392.00

Debtor 1 Joseph Eric Timothy Reiring
Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: 2012 Ford F150 163200 miles VIN: 1FTFW1EF6CFC53045

13a. Ownership or leasing costs using IRS Local Standard..... \$ 497.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1

| | |
|--------------------------------------|-----------|
| Lincoln Automotive Financial Service | \$ 307.61 |
|--------------------------------------|-----------|

Total Average Monthly Payment

\$ 307.61

Copy here => -\$ 307.61

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.

| | |
|-----------|-----------|
| \$ 189.39 | \$ 189.39 |
|-----------|-----------|

Copy net Vehicle 1 expense here => \$ 189.39

Vehicle 2 Describe Vehicle 2: 2011 Chevrolet Camaro 95000 miles VIN: 2G1FB1ED4B9204310

13d. Ownership or leasing costs using IRS Local Standard..... \$ 497.00

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2

| | |
|--------------------------|-----------|
| Regional Acceptance Corp | \$ 201.55 |
|--------------------------|-----------|

Total Average Monthly Payment

\$ 201.55

Copy here => -\$ 201.55

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. If this amount is less than \$0, enter \$0.

| | |
|-----------|-----------|
| \$ 295.45 | \$ 295.45 |
|-----------|-----------|

Copy net Vehicle 2 expense here => \$ 295.45

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ 0.00

Debtor 1 Joseph Eric Timothy Reiring
Debtor 2 Jill Ayn Reiring

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(Other Necessary Expenses) In addition to the expenses deductions listed above, you are allowed your additional expenses to the extent necessary for the following IRS categories:

- | | |
|--|---------------------------|
| 16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. | \$ <u>1,000.00</u> |
| Do not include real estate, sales, or use taxes. | |
| 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. | \$ <u>0.00</u> |
| Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. | |
| 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | \$ <u>0.00</u> |
| 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. | \$ <u>0.00</u> |
| Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. | |
| 20. Education: The total monthly amount that you pay for education that is either required: | \$ <u>0.00</u> |
| ■ as a condition for your job, or | |
| ■ for your physically or mentally challenged dependent child if no public education is available for similar services. | |
| 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. | \$ <u>0.00</u> |
| Do not include payments for any elementary or secondary school education. | |
| 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. | \$ <u>0.00</u> |
| Payments for health insurance or health savings accounts should be listed only in line 25. | |
| 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. | +\$ <u>0.00</u> |
| Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. | |
| 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. | \$ <u>5,599.84</u> |

Debtor 1 Joseph Eric Timothy Reiring
Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

| Additional Expense Deductions | | These are additional expenses allowed by the Means Test. | | | | | | | | | | | | | |
|--|-----|--|--|------------------|----|-------------|----------------------|----|-------------|------------------------|-----|-------------|-------|----|-------------|
| Note: Do not include attorney expenses (lawyers' fees) in lines 6-24. | | | | | | | | | | | | | | | |
| <p>25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Health insurance</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 60%; text-align: right;">0.00</td> </tr> <tr> <td>Disability insurance</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Health savings account</td> <td style="text-align: right;">+\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> </table> <p style="margin-left: 150px;">Copy total here=> \$ 0.00</p> | | | | Health insurance | \$ | 0.00 | Disability insurance | \$ | 0.00 | Health savings account | +\$ | 0.00 | Total | \$ | 0.00 |
| Health insurance | \$ | 0.00 | | | | | | | | | | | | | |
| Disability insurance | \$ | 0.00 | | | | | | | | | | | | | |
| Health savings account | +\$ | 0.00 | | | | | | | | | | | | | |
| Total | \$ | 0.00 | | | | | | | | | | | | | |
| <p>Do you actually spend this total amount?</p> <p><input type="checkbox"/> No. How much do you actually spend? \$ _____</p> <p><input checked="" type="checkbox"/> Yes \$ _____</p> | | | | | | | | | | | | | | | |
| <p>26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$ 0.00</p> | | | | | | | | | | | | | | | |
| <p>27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ 0.00</p> <p>By law, the court must keep the nature of these expenses confidential.</p> | | | | | | | | | | | | | | | |
| <p>28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.</p> <p>If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.</p> <p>You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. \$ 0.00</p> | | | | | | | | | | | | | | | |
| <p>29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.</p> <p>You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.</p> <p>* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. \$ 0.00</p> | | | | | | | | | | | | | | | |
| <p>30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.</p> <p>To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.</p> <p>You must show that the additional amount claimed is reasonable and necessary. \$ 0.00</p> | | | | | | | | | | | | | | | |
| <p>31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). +\$ 0.00</p> | | | | | | | | | | | | | | | |
| <p>32. Add all of the additional expense deductions. Add lines 25 through 31. \$ 0.00</p> | | | | | | | | | | | | | | | |

Debtor 1 Joseph Eric Timothy Reiring
Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

Declarations for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home:

33a. Copy line 9b here => \$ 0.00

Loans on your first two vehicles:

33b. Copy line 13b here => \$ 307.61

33c. Copy line 13e here => \$ 201.55

33d. List other secured debts:

(Listed below are other debts that you own and have a security interest in property that you will keep in the 60 months after you file for bankruptcy.)

(Listed below are other debts that you own and have a security interest in property that you will keep in the 60 months after you file for bankruptcy.)

(Listed below are other debts that you own and have a security interest in property that you will keep in the 60 months after you file for bankruptcy.)

Badcock Furniture

Sectional sofa & rug

No

Yes \$ 42.23

Conn's HomePlus

65" Samsun 4D Curve

No

Yes \$ 38.09

Kimbrell's of SC Inc.

Bedroom suite

No

Yes \$ 38.39

33e. Total average monthly payment. Add lines 33a through 33d

\$ 627.87

Copy total here=> \$ 627.87

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor

Is this debt partially secured by your property?

Total cure amount

Monthly cure amount

-NONE-

\$ _____ + 60 = \$ _____

Total \$ 0.00

Copy total here=> \$ 0.00

35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ 41,955.31 + 60 = \$ 699.26

Debtor 1 Joseph Eric Timothy Reiring
Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

No. Go to line 37.

Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 \$ 2,650.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). X 8.90

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13 \$ 235.85

Copy total here=> \$ 235.85

\$ 1,562.98

37. Add all of the deductions for debt payment.

Add lines 33e through 36.

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, *All of the expenses allowed under IRS expense allowances* \$ 5,599.84

Copy line 32, *All of the additional expense deductions* \$ 0.00

Copy line 37, *All of the deductions for debt payment* +\$ 1,562.98

Total deductions \$ 7,162.82

Copy total here=> \$ 7,162.82

Part 3: Determine Whether There is a Presumption of Abuse

39. Calculate monthly disposable income for 60 months

39a. Copy line 4, *adjusted current monthly income* \$ 9,712.88

39b. Copy line 38, *Total deductions* -\$ 7,162.82

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a \$ 2,550.06

Copy here=> \$ 2,550.06

For the next 60 months (5 years)

x 60

39d. Total. Multiply line 39c by 60 39d. \$ 153,003.60

Copy here=> \$ 153,003.60

40. Find out whether there is a presumption of abuse. Check the box that applies:

The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.

The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Go to Part 5.

The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41.

*Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 Joseph Eric Timothy Reiring
Debtor 2 Jill Ayn Reiring

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41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 106Sum), you may refer to line 3b on that form.

\$ _____
X .25

- 41b. 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I)
Multiply line 41a by 0.25.....

\$ _____
Copy here=> \$ _____

42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.
Check the box that applies:

- Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.
- Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

No. Go to Part 5.

Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances.

Average monthly expense or income adjustment

\$ _____

\$ _____

\$ _____

\$ _____

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

/s/ Joseph Eric Timothy Reiring

Joseph Eric Timothy Reiring

Signature of Debtor 1

Date November 8, 2019
MM / DD / YYYY

/s/ Jill Ayn Reiring

Jill Ayn Reiring

Signature of Debtor 2

Date November 8, 2019
MM / DD / YYYY

Debtor 1 Joseph Eric Timothy Reiring
Debtor 2 Jill Ayn Reiring

Case number (if known) 18-05384

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 04/01/2018 to 09/30/2018.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Rental property**

Income/Expense/Net by Month:

| | Date | Income | Expense | Net |
|-----------------------------|---------|------------|------------|----------|
| 6 Months Ago: | 04/2018 | \$1,300.00 | \$1,073.95 | \$226.05 |
| 5 Months Ago: | 05/2018 | \$1,300.00 | \$1,073.95 | \$226.05 |
| 4 Months Ago: | 06/2018 | \$1,300.00 | \$1,073.95 | \$226.05 |
| 3 Months Ago: | 07/2018 | \$1,300.00 | \$1,073.95 | \$226.05 |
| 2 Months Ago: | 08/2018 | \$1,300.00 | \$1,073.95 | \$226.05 |
| Last Month: | 09/2018 | \$1,300.00 | \$1,073.95 | \$226.05 |
| Average per month: | | \$1,300.00 | \$1,073.95 | |
| Average Monthly NET Income: | | | | \$226.05 |

Debtor 1
Debtor 2

Joseph Eric Timothy Reiring
Jill Ayn Reiring

Case number (if known) **18-05384**

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **04/01/2018 to 09/30/2018**.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: **RB Processing**

Income/Expense/Net by Month:

| | Date | Income | Expense | Net |
|-----------------------------|---------|--------------------|-----------------|-------------------|
| 6 Months Ago: | 04/2018 | \$8,535.00 | \$365.00 | \$8,170.00 |
| 5 Months Ago: | 05/2018 | \$11,190.00 | \$1,200.00 | \$9,990.00 |
| 4 Months Ago: | 06/2018 | \$6,445.00 | \$400.00 | \$6,045.00 |
| 3 Months Ago: | 07/2018 | \$15,321.00 | \$1,500.00 | \$13,821.00 |
| 2 Months Ago: | 08/2018 | \$9,870.00 | \$350.00 | \$9,520.00 |
| Last Month: | 09/2018 | \$9,850.00 | \$475.00 | \$9,375.00 |
| Average per month: | | \$10,201.83 | \$715.00 | |
| Average Monthly NET Income: | | | | \$9,486.83 |